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Bib Data Sheet

CONFIRMATION NO. 2562

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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/771,330 | FILING DATE<br>02/05/2004<br><br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1617 | ATTORNEY<br>DOCKET NO.<br>3030 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------|

## APPLICANTS

Edward M. Lane, Bridgeport, CT;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/496,409 08/20/2003  
 and claims benefit of 60/505,754 09/26/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/04/2004

|   |                              |  |                       |                            |
|---|------------------------------|--|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>CT    | SHEETS<br>DRAWING<br>0                     | TOTAL<br>CLAIMS<br>15 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions<br>met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | Verified and<br>Acknowledged | Examiner's Signature<br><i>[Signature]</i> | Initials<br>yc        |                            |

## ADDRESS

6449  
 ROTHWELL, FIGG, ERNST & MANBECK, P.C.  
 1425 K STREET, N.W.  
 SUITE 800  
 WASHINGTON , DC  
 20005

## TITLE

Method of treatment of otitis externa

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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